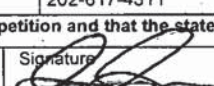


UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-213147	Date Filed 1/17/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION:</b> RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Douglas Emmett Management, LLC / Douglas Emmett, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> See Attachment	
<b>3a. Employer Representative - Name and Title</b> Jordan Kaplan		<b>3b. Address (If same as 2b - state same)</b> 808 Wilshire Blvd. Suite 200, Santa Monica, CA 90401	
<b>3c. Tel. No.</b> 310-255-7700	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> 310-255-7702	<b>3f. E-Mail Address</b> jkaplan@douglasemmett.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Commercial High-Rise Office Buildings		<b>4b. Principal product or service</b> Engineering Services	
<b>5a. City and State where unit is located:</b> Santa Monica		<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time, regular and part-time, temporary or extra maintenance engineers employed by the employer(s) at the four (4) Douglass Emmett buildings referenced in 2b (See Attachment) <b>Excluded:</b> All other Employees, janitorial, porters, office clerical, guards and supervisors defined in the Act	
<b>6a. No. of Employees in Unit:</b> 3		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 1/17/18 and Employer declined recognition on or about n/a (Date) (If no reply received, so state). <b>No Reply Yet</b> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> n/a		<b>8b. Address</b> n/a	
<b>8c. Tel No.</b> n/a	<b>8d. Cell No.</b> n/a	<b>8e. Fax No.</b> n/a	<b>8f. E-Mail Address</b> n/a
<b>8g. Affiliation, if any</b> n/a		<b>8h. Date of Recognition or Certification</b> n/a	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> na			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved? no</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9; which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b> n/a	<b>10b. Address</b> n/a	<b>10c. Tel. No.</b> n/a	<b>10d. Cell No.</b> n/a
		<b>10e. Fax No.</b> n/a	<b>10f. E-Mail Address</b> n/a
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 1/31/2018	<b>11c. Election Time(s):</b> 12:00 - 17:00		<b>11d. Election Location(s):</b> 121 N. Broadway, Santa Monica, CA
<b>12a. Full Name of Petitioner (including local name and number).</b> International Union of Operating Engineers, Local 501 AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 2405 W. 3rd St., Los Angeles CA 90057	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Union of Operating Engineers, Local 501 AFL-CIO			
<b>12d. Tel No.</b> 213-385-1561	<b>12e. Cell No.</b> 202-617-4311	<b>12f. Fax No.</b> 213-385-7324	<b>12g. E-Mail Address</b> gggrant@iuoe.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Gareth Grant, Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 2405 W 3rd St, Los Angeles, CA 90057	
<b>13c. Tel No.</b> 213-385-1561	<b>13d. Cell No.</b> 202-617-4311	<b>13e. Fax No.</b> 213-385-7324	<b>13f. E-Mail Address</b> gggrant@iuoe.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Gareth Grant	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 1/17/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**Attachment to RC Petition**  
**Douglas Emmett Management, LLC / Douglas Emmett, Inc.**

**Box 2b. Address(es) of Establishment(s) Involved:**

1. 120 N. Broadway, Santa Monica, CA 90401;
2. 201 Santa Monica Blvd., Santa Monica, CA 90401;
3. 1333 2nd St., Santa Monica, CA 90401;
4. 429 Santa Monica Blvd., Santa Monica, CA 90401



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
31-RC-213494	1/24/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Zenetex LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Naval Base Ventura County Point Mugu NAWC, CA 93042	
3a. Employer Representative - Name and Title Lydia Corum, Director of Human Resources		3b. Address (If same as 2b - state same) 1550 Hotel Circle North, Suite 180 San Diego, CA 92108	
3c. Tel. No. (619) 607-3011	3d. Cell No.	3e. Fax No. (703) 935-8360	3f. E-Mail Address Lydia.corum@zenetex.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Military Contractor		4b. Principal product or service Military Support	
		5a. City and State where unit is located: Point Mugu, CA	

**5b. Description of Unit Involved**  
**Included:** All full-time and regular part-time Aircraft Mechanics 1, Aircraft Mechanics 2, Aircraft Mechanics 3, Lead Aircraft Mechanics and Aircraft Logs & Records technicians employed by the Employer at Naval Air Station (NAS) Point Mugu, California.  
**Excluded:** All office clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.

6a. No. of Employees in Unit: 10
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_


10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): Tuesday, February 6, 2018	11c. Election Time(s): 8:00-9:00 AM & 1:00-2:00 PM	11d. Election Location(s): Employee Break-room in Bldg 311	
12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725		12b. Address (street and number, city, state, and ZIP code) 5402 Bolsa Avenue, Huntington Beach, CA 92649	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO			
12d. Tel No. (916) 985-8101	12e. Cell No.	12f. Fax No. (916) 985-8121	12g. E-Mail Address jsolis@iamaw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Caroline N. Cohen, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Cell No.	13e. Fax No. 510-337-1023	13f. E-Mail Address nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Caroline N. Cohen	Signature 	Title Attorney	Date January 24, 2017
-----------------------------------	--	-------------------	--------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-213677</b>	Date Filed <b>1/26/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> M1 Support Services		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Naval Base Ventura County Point Mugu NAWC, CA 93042	
<b>3a. Employer Representative - Name and Title</b> Cheryl Shaw, Director of Human Resources		<b>3b. Address (if same as 2b - state same)</b>	
<b>3c. Tel. No.</b> (940) 323-1119	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (940) 323-1120	<b>3f. E-Mail Address</b> Cheryl.shaw@m1services.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor		<b>4b. Principal product or service</b> Military Support	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time Aircraft Mechanics 1, Aircraft Mechanics 2, Aircraft Mechanics 3, Lead Aircraft Mechanics, Computer Operators, NDI Technicians, Production Control Clerks and Aircraft Logs & Records technicians employed by the Employer at Naval Air Station (NAS) Point Mugu, California. <b>Excluded:</b> All office clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.		<b>5a. City and State where unit is located:</b> Point Mugu, CA <b>6a. No. of Employees in Unit:</b> 45 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** Tuesday Feb 6, 2018  
**11c. Election Time(s):** 8:00-9:00 AM & 1:00-2:00 PM  
**11d. Election Location(s):** Employee Break-room in Bldg 362

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, District Lodge 725  
**12b. Address (street and number, city, state, and ZIP code)**  
5402 Bolsa Avenue, Huntington Beach, CA 92649


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> (916) 985-8101	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (916) 985-8121	<b>12g. E-Mail Address</b> jsolis@iamaw.org
---------------------------------------	----------------------	---------------------------------------	--

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David W. M. Fujimoto, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> dfujimoto@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 1/26/18
---	---	--------------------------	------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
31-RC-214121	2/1/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Garda CL West, Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 15415 Slover Ave, Fontana, CA 92337
---	--

3a. Employer Representative - Name and Title Ivelices Linares, Director Employee Relations	3b. Address (If same as 2b - state same) 2000 NW Corporate Blvd, Boca Raton, FL 33431
---	--

3c. Tel. No. 561-231-4571	3d. Cell No.	3e. Fax No. 561-860-8534	3f. E-Mail Address ivelices.linares@garda.com
------------------------------	--------------	-----------------------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY	4b. Principal product or service	5a. City and State where unit is located: Fontana, CA
---	----------------------------------	--

5b. Description of Unit Involved <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED DRIVER, MESSENGER AND VAULT OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY GARDA CL WEST, INC @ 15415 SLOVER AVE, FONTANA, CA 92337. <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	6a. No. of Employees in Unit: 65 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **NONE**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE	8b. Address
---	-------------

8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
-------------	--------------	-------------	--------------------

8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
-------------------------	--	---

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---	---

11b. Election Date(s): MAIL - 2/16/18	11c. Election Time(s): MAIL	11d. Election Location(s): MAIL
--	--------------------------------	------------------------------------

12a. Full Name of Petitioner (including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
-----------------------------------	-------------------------------	------------------------------	---

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
--	--

13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
------------------------------	---------------	------------------------------	--

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David L. Hickey	Signature 	Title International President	Date 2/1/18
---------------------------------	--	----------------------------------	----------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-214236

Date Filed

2/5/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Marko Construction Group, Inc

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

510 19th Street, Bakersfield California

3a. Employer Representative - Name and Title

Paul K. Gong

3b. Address (If same as 2b - state same)

3675 E. Jensen Avenue, Fresno CA 93725

3c. Tel. No.

(559) 222-7888

3d. Cell No.

3e. Fax No.

559-222-0888

3f. E-Mail Address

PKGONG@marcoconstruction.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Corporation

4b. Principal product or service

Engineering Services

5a. City and State where unit is located:

Bakersfield, CA

5b. Description of Unit Involved

Included: all full-time, regular and part-time, temporary or extra maintenance engineers employed by the employers at the Marko Construction Group, inc referenced in 2b

Excluded: all other employees, janitorial, porters, office clerical, guards and supervisors defined in the Act

6a. No. of Employees in Unit:

2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 02/05/2018 and Employer declined recognition on or about (Date) (If no reply received, so state) no reply



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

n/a

8h. Date of Recognition or Certification

n/a

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) n/a

10a. Name

n/a

10b. Address

n/a

10c. Tel. No.

n/a

10d. Cell No.

n/a

10e. Fax No.

n/a

10f. E-Mail Address

n/a

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
02/20/2018

11c. Election Time(s):  
10:00 am -11:00 am

11d. Election Location(s):  
510 19th Street, Bakersfield California

12a. Full Name of Petitioner (including local name and number)

International Union of Operating Engineers, Local 501

12b. Address (street and number, city, state, and ZIP code)

2405 W. 3rd Street, Los Angeles CA 90057

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers, Local 501

12d. Tel No.

(213)385-1651

12e. Cell No.

(661) 747-6040

12f. Fax No.

(661)885-6901

12g. E-Mail Address

tewart@local501.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Thomas Ewart, Business Representative

13b. Address (street and number, city, state, and ZIP code)  
2405 W. 3rd Street, Los Angeles CA 90057

13c. Tel No.

(213) 385-1651

13d. Cell No.

(661) 747-6040

13e. Fax No.

(661)885-6901

13f. E-Mail Address

tewart@local501.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Thomas Ewart

Signature



Title

Business Representative

Date

2/5/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 31-RC-214528	Date Filed 02/08/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer IKQ Corp		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 11200 Alden Rd. Adelanto California, 92301	
3a. Employer Representative - Name and Title Nelson Valencia		3b. Address (If same as 2b - state same) Same as above	
3c. Tel. No. (442)243-0438	3d. Cell No. (909) 786-8601	3e. Fax No. None available	3f. E-Mail Address Nevalencia@lkqcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Automotive parts business		4b. Principal product or service Parts	5a. City and State where unit is located: Adelanto California
5b. Description of Unit Involved Included: all Production employees including all Inventory Clerks and Dispatchers Excluded: All Supervisors and Management employees as defined under the act			6a. No. of Employees in Unit: 49 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/07/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) No, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): February 20th, 2018 11c. Election Time(s): 6:00 A.M. to 8:30 A.M. 11d. Election Location(s): Employee Break Room without Management access

12a. Full Name of Petitioner (Including local name and number)  
United Steelworkers Int. District 12 12b. Address (street and number, city, state, and ZIP code)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union

12d. Tel No. (505) 878-9756 12e. Cell No. (303) 775-0597 12f. Fax No. (505) 878-0763 12g. E-Mail Address dfennell@usw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Doug Fennell Int, Staff Rep 13b. Address (street and number, city, state, and ZIP code)  
3150 Carlisle Blvd. Albuquerque, NM 87110 Attn. USW Office  
13c. Tel No. Same as above 13d. Cell No. same as above 13e. Fax No. same as above 13f. E-Mail Address same as above

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Douglas Fennell	Signature 	Title Int. Staff Representative District 12	Date 02/07/2018
---------------------------------	---------------	--	--------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. <b>31-RC-215140</b>	Date Filed <b>2/20/2018</b>
------------------------------	-----------------------------

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Interstate Hotels LLC d/b/a Residence Inn Los Angeles LAX/Century Bo		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 5933 West Century Blvd. CA Los Angeles 90045-	
<b>3a. Employer Representative - Name and Title</b> Tom Beedon		<b>3b. Address (If same as 2b - state same)</b> 5933 West Century Blvd. CA Los Angeles 90045-	
<b>3c. Tel. No.</b> (310) 568-7700	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (310) 981-0299	<b>3f. E-Mail Address</b> tom.beedon@interstatehotels.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotels & Motels		<b>4b. Principal product or service</b> Hotel room, food, and beverage	
<b>4c. City and State where unit is located:</b> Los Angeles, CA			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 38
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 3/5/18	<b>11c. Election Time(s):</b> 6:00 AM to 7:00 PM	<b>11d. Election Location(s):</b> Employer's premises

<b>12a. Full Name of Petitioner (including local name and number)</b> Jeremy Blasi Esq. UNITE HERE Local 11	<b>12b. Address (street and number, city, state, and ZIP code)</b> 464 South Lucas Ave STE 201 CA Los Angeles 90017-2074
---	--

<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> UNITE HERE International Union			
<b>12d. Tel No.</b> (213) 481-8530	<b>12e. Cell No.</b> (202) 251-0048	<b>12f. Fax No.</b> (213) 481-8532	<b>12g. E-Mail Address</b> jblasi@unitehere11.org

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Jeremy Blasi Esq. Staff Attorney UNITE HERE Local 11		<b>13b. Address (street and number, city, state, and ZIP code)</b> 464 South Lucas Ave STE 201 CA Los Angeles 90017-2074	
<b>13c. Tel No.</b> (213) 481-8530	<b>13d. Cell No.</b> (202) 251-0048	<b>13e. Fax No.</b> (213) 481-0352	<b>13f. E-Mail Address</b> jblasi@unitehere11.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Jeremy Blasi Esq.	<b>Signature</b> Jeremy Blasi	<b>Title</b> Staff Attorney	<b>Date</b> 02/20/2018 10:10:30
--	----------------------------------	--------------------------------	------------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All housekeeping employees, including laundry employees, employed by the Employer at its hotel currently located at 5933 West Century Blvd., Los Angeles, CA 90045.

**Employees Excluded**

All non-housekeeping employees, managers, office clerical employees and guards, and professional employees as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-215803

Date Filed

3/2/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Frank D Lanterman Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

3303 Wilshire Boulevard, Suite 700 Los Angeles, CA 90010

3a. Employer Representative - Name and Title

Karem Chacana HR Director

3b. Address (If same as 2b - state same)

Same

3c. Tel. No.

213-252-4924

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

kchacana@lanterman.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Non-Profit Consumer Services Organization

4b. Principal product or service

Services for individuals with developmental disabilities

5a. City and State where unit is located:

Los Angeles, CA

5b. Description of Unit Involved

Included:

All full-time and regular part-time non-professional employees, including accounting associates, accounting specialist, clerical employees, administrative assistants, community living specialist, community resources assistant, electronic records technicians, employment specialists, family support specialist, fiscal monitor associates, housing specialist, intake coordinator, intake specialists, IT specialist, medical waiver specialist, operations assistant, peer advocate, provider specialist, QA specialist, QA specialist, resource and information specialist, resource developer, revenue coordinator, service coordinators, service coordinator specialists and special projects coordinator

Excluded:

but excluding all confidential employees, managerial employees, and guards, professional employees, temporary employees, contract workers, nurse consultants, and supervisors as defined in the Act.

6a. No. of Employees in Unit:

180

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 3/2/18 and Employer declined recognition on or about



No Reply (Date) (If no reply received, so state). Petition Serves as the demand.

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

3/15/18

11c. Election Time(s):

7am-8:30am 12pm-1:30pm 4:30-6pm

11d. Election Location(s):

3303 Wilshire Blvd,

12a. Full Name of Petitioner (including local name and number)

United Electrical, Machine & Radio Workers of America (UE) (c/o Sean Fulkerson)

12b. Address (street and number, city, state, and ZIP code)

One Gateway Center, Suite 1400, Pittsburgh PA 15222

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

United Electrical, Machine & Radio Workers of America (UE)

12d. Tel No.

773-750-1051

12e. Cell No.

773-750-1051

12f. Fax No.

412-471-8999

12g. E-Mail Address

sfulkerson@ueunion.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Michael J. Healey, Attorney

13b. Address (street and number, city, state, and ZIP code)

247 Fort Pitt Blvd., 4th Floor, Pittsburgh, PA. 15222

13c. Tel No.

412-391-7711

13d. Cell No.

412-760-0342

13e. Fax No.

412-281-9509

13f. E-Mail Address

mike@unionlawyers.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Michael J. Healey

Signature

/s/Michael J. Healey

Title

Attorney

Date

March 2, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.


Date Filed

31-RC-215866

3/2/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer KapStone Paper and Packaging		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1790 Champagne Avenue, Ontario, CA 91761	
3a. Employer Representative - Name and Title Kent Bradford, General Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (909) 292-2600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address kbradfo@kapstonepaper.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Packaging Plant		4b. Principal product or service Corrugated Boxes and Paper	
5a. City and State where unit is located: Ontario, CA		6a. No. of Employees in Unit: 36	
5b. Description of Unit Involved <b>Included:</b> Warehouse employees in the following classifications - Die cutters, shippers, strappers, maintenance, forklift operators, and machine operators <b>Excluded:</b> All other employees including drivers, professional employees, guards, and supervisors as defined in the Act		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): Next available Friday		11c. Election Time(s): 10:30 a.m. and 6:30 p.m.	
11d. Election Location(s): Employee break room			
12a. Full Name of Petitioner (including local name and number) Teamsters Local 63		12b. Address (street and number, city, state, and ZIP code) 379 W. Valley Blvd., Rialto, CA 92375	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters			
12d. Tel No. (909) 877-2452	12e. Cell No. (626) 893-2279	12f. Fax No.	12g. E-Mail Address scotty@local63.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding:			
13a. Name and Title Raquel A. Ortega, Attorney at Law		13b. Address (street and number, city, state, and ZIP code) Hayes, Ortega & Sanchez, LLP, 3625 Ruffin Road, Suite 300, San Diego, CA 92123	
13c. Tel No. (619) 297-6900	13d. Cell No.	13e. Fax No.	13f. E-Mail Address rao@sdlaborlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Raquel A. Ortega	Signature 	Title Attorney at Law	Date March 2, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

31-RC-216133

Date Filed

3/7/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Southern California Hospital of Van Nuys

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
14433 Emelita St., Van Nuys, CA 91401

3a. Employer Representative - Name and Title  
Nina Rosenfeld, Administrator

3b. Address (If same as 2b - state same)  
14433 Emelita St., Van Nuys, CA 91401

3c. Tel. No.  
818-787-1511

3d. Cell No.  
818-749-4464

3e. Fax No.  
818-530-0519

3f. E-Mail Address  
nina.rosenfeld@altacorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Medical Facility

4b. Principal product or service  
Health Care

5a. City and State where unit is located:  
Van Nuys, CA

5b. Description of Unit Involved  
Included: SEE ATTACHMENT

6a. No. of Employees in Unit:  
103

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel No.  
8d. Cell No.  
8e. Fax No.  
8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
March 27, 2018

11c. Election Time(s):  
6:00-9:30 AM; 1:30-4:30 PM; 6:00-8:00 PM

11d. Election Location(s):  
IOP Activity Dining Area

12a. Full Name of Petitioner (including local name and number)  
Service Employees International Union, United Healthcare Workers-West

12b. Address (street and number, city, state, and ZIP code)  
5480 Ferguson Drive, Los Angeles, CA 90022

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Service Employees International Union, United Healthcare Workers-West

12d. Tel No.  
(323) 734-8399

12e. Cell No.

12f. Fax No.  
(323) 721-3538

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Xochitl A. Lopez

13b. Address (street and number, city, state, and ZIP code)  
1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13c. Tel No.  
(510) 337-1001

13d. Cell No.

13e. Fax No.  
(510) 337-1023

13f. E-Mail Address  
xlopez@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Xochitl A. Lopez

Signature

Title  
Attorney

Date  
March 7, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



**Southern California Hospital of Van Nuys  
Attachment 5(b) to RC Petition**

**5(b): Description of Unit Involved**

Activities Aide  
Admissions  
Case Manager  
CSS  
Driver  
Engineer  
Housekeeper  
Infection Control  
Infection Control Specialist  
Insurance Verifier  
Intake Coordinator  
Intake Specialist  
LVN  
Materials Aide  
Medical Records  
MHW  
Patient Access Rep  
Phlebotomist  
Rehab Therapist  
Unit Secretary

(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-217480</b>	Date Filed <b>3/30/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer <b>Dignity Health Medical Foundation</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>9500 Stockdale Highway, # 200-201; 3838 San Dimas St., # A200 and 3807 Union Ave., #A and B, Bakersfield, CA</b>	
3a. Employer Representative - Name and Title <b>Judy Coffin</b>		3b. Address (If same as 2b - state same) <b>185 Johnson Street, Suite 300, San Francisco, CA 94107</b>	
3c. Tel. No. <b>415-438-5755</b>	3d. Cell No.	3e. Fax No. <b>415-438-5726</b>	3f. E-Mail Address <b>judy.coffin@dignityhealth.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Healthcare</b>		4b. Principal product or service <b>Healthcare</b>	
5a. City and State where unit is located: <b>Bakersfield, CA</b>		5b. Description of Unit Involved <b>Included: MOR Lead, MOR, MA/MOR, MORII, Medical Assistant, Radiology Technologist, Ultrasound Technologist, Medical Assistant Certified, Medical Assist Lead, Allied Health</b> <b>Excluded:</b>	
6a. No. of Employees in Unit: <b>41</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>April 16, 2018</b>	11c. Election Time(s): <b>9 am to 2 pm</b>	11d. Election Location(s): <b>appropriate conference rooms at all three clinics</b>
--	---	---	--

12a. Full Name of Petitioner (including local name and number) <b>Service Employees International Union, United Healthcare Workers-West</b>	12b. Address (street and number, city, state, and ZIP code) <b>58480 Ferguson Drive, Los Angeles, CA 90022</b>
--	---

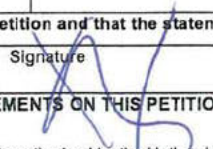
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**Service Employees International Union**

12d. Tel No. <b>323-734-8399</b>	12e. Cell No.	12f. Fax No. <b>323-721-3538</b>	12g. E-Mail Address
-------------------------------------	---------------	-------------------------------------	---------------------

13. **Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title <b>Xochitl A. Lopez, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>1001 Marina Village Parkway, Suite 200, Alameda, CA 94501</b>	
13c. Tel No. <b>510-337-1001</b>	13d. Cell No.	13e. Fax No. <b>510-337-1023</b>	13f. E-Mail Address <b>xlopez@unioncounsel.net</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Xochitl A. Lopez</b>	Signature 	Title <b>Attorney Authorized</b>	Date <b>3/29/18</b>
---	--	-------------------------------------	------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (5), (b) (7)(C)



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. **31-RC-218386** Date Filed **4/13/2018**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> VSolvit, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4171 Market St. CA Ventura 93003-	
<b>3a. Employer Representative - Name and Title</b> Stasi Washburn		<b>3b. Address (If same as 2b - state same)</b> 4171 Market St. CA Ventura 93003-	
<b>3c. Tel. No.</b> (805) 277-4705	<b>3d. Cell No.</b> (805) 850-1258	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> stasi.washburn@vsolvit.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Technology		<b>4b. Principal product or service</b> Data Warehousing	
		<b>5a. City and State where unit is located:</b> Port Hueneme Cbc Base, CA	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 8
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 04/12/2018 and Employer declined recognition on or about 04/12/2018 (Date) (If no reply received, so state). Yes  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☒ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> As soon as possible	<b>11c. Election Time(s):</b> N/A	<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>12a. Full Name of Petitioner (including local name and number)</b> Jerry Michael Koger Jerry Michael Koger - International Brotherhood of Electrical Workers Local 543		<b>11d. Election Location(s):</b> N/A
<b>12b. Address (street and number, city, state, and ZIP code)</b> 16519 Victor St Ste 304 CA Victorville 92395-3967		

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Electrical Workers

<b>12d. Tel No.</b> (760) 245-8147	<b>12e. Cell No.</b> (760) 881-0081	<b>12f. Fax No.</b> (760) 245-7355	<b>12g. E-Mail Address</b> jerry.koger@ibew543.org
---------------------------------------	--	---------------------------------------	---

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Jerry Michael Koger	<b>Signature</b> Mr. Jerry Michael Koger	<b>Title</b> Business Manager / Financial Secretary	<b>Date</b> 04/12/2018 13:52:27
--	---	--	------------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

Technical Screener, Material Expediter, Technical Screener Lead working at the Naval Base Ventura County (NBVC) Port Hueneme, CA, 93043

**Employees Excluded**

Office clerical, guards, supervisors, managerial and all other employees as defined in the National Labor Relations Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-218463</b>	Date Filed <b>4/13/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Pacific Harvest, Inc./Apio, Inc./United Staffing Assoc., LLC as single and/or joint employers		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) See Attachment A	
<b>3a. Employer Representative - Name and Title</b> See Attachment A		<b>3b. Address</b> (If same as 2b - state same) See Attachment A	
<b>3c. Tel. No.</b> See Attachment A	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> See Attachment A	<b>3f. E-Mail Address</b> See Attachment A
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Produce Processing		<b>4b. Principal product or service</b> Produce	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All Full-Time and Regular Part-Time Box Makers, Machine Operators, Line Employees, Cabbage Employees, Kale Employees, Dumpers, Trimmers, Stackers, Pre Stage Employees (prep orders), Forklift Operators, Pallet Jack Operators, Washer Line, Party Trays, Celery Employees, Zucchini Employees, Tag Employees, Quality Assurance Employees and Quality Control Employees <b>Excluded:</b> All other employees, guards and supervisors.		<b>5a. City and State where unit is located:</b> Guadalupe, CA	
		<b>6a. No. of Employees in Unit:</b> 500	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Friday, April 27, 2018	<b>11c. Election Time(s):</b> 6 am - 9 am/3 pm - 5pm	<b>11d. Election Location(s):</b> Breakroom between parking lot and packing plant, 4575 W Main Street, Guadalupe CA	

<b>12a. Full Name of Petitioner (including local name and number)</b> United Food & Commercial Workers Union, Local 5	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1145 North Main Street, Salinas, CA 93906
--	---


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food & Commercial Workers Union, AFL-CIO, CLC

<b>12d. Tel No.</b> 831-757-3094	<b>12e. Cell No.</b> 831-840-0080	<b>12f. Fax No.</b> 831-757-9115	<b>12g. E-Mail Address</b> jcervantes@ufcw5.org
-------------------------------------	--------------------------------------	-------------------------------------	--

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> David A. Rosenfeld, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> drosenfeld@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> David A. Rosenfeld	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> April 13, 2018
---	---	--------------------------	-------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



ATTACHMENT A

To RC Petition

Sections 2b. through 3.f

<p>Pacific Harvest, Inc. 245 Guadalupe Street Guadalupe, CA 93434 and P. O. Box 5519 Santa Maria, CA 93456 Telephone: 805-219-0900 Fax: 805-347-1270</p> <p>Employer Representative: Saul Manriquez</p>	<p>Apio, Inc. 4595 West Main Street Guadalupe, CA 93434 and P. O. Box 727 Guadalupe, CA 93434 Telephone: 805-343-2835 Fax: 805-343-3033</p> <p>Employer Representative: Jennifer Beyer, <a href="mailto:jbeyer@apioinc.com">jbeyer@apioinc.com</a></p>	<p>United Staffing Associates, LLC 4575 West Main Street Guadalupe, CA 93434 Telephone: 805-269-2677 Fax: 805-221-6688</p> <p>Employer Representative: Michael C. Saqui The Saqui Group 1410 Rocky Ridge Drive, Suite 330 Roseville, CA 95661 Telephone: 916-782-8555 Fax: 916-782-8565 <a href="mailto:MCS@LaborCounselors.com">MCS@LaborCounselors.com</a></p>
---	--	--



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. **31-RC-219293**

Date Filed **4/30/2018**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Glendora Community Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 150 W Route 66 CA Glendora 91740-6207	
<b>3a. Employer Representative - Name and Title</b> Elizabeth Salazar Ike		<b>3b. Address (If same as 2b - state same)</b> 150 W Route 66 CA Glendora 91740-6207	
<b>3c. Tel. No.</b> (626) 852-5000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> eike@primehealthcare.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities		<b>4b. Principal product or service</b> Health care	
<b>5a. City and State where unit is located:</b> Glendora, CA		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 116	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☒ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> May 25		<b>11c. Election Time(s):</b> 6-830am, 1130am-2pm, 6-9pm		<b>11d. Election Location(s):</b> "Nursery" room near the Gero 2 unit			
<b>12a. Full Name of Petitioner (including local name and number)</b> Jason Wojciechowski SEIU Local 121RN				<b>12b. Address (street and number, city, state, and ZIP code)</b> 1040 Lincoln Ave CA Pasadena 91103-			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Service Employees International Union							
<b>12d. Tel No.</b> (626) 639-6168		<b>12e. Cell No.</b>		<b>12f. Fax No.</b>		<b>12g. E-Mail Address</b> jason@seiu121RN.org	

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Jason Wojciechowski General Counsel SEIU Local 121RN		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1040 Lincoln Ave CA Pasadena 91103-	
<b>13c. Tel No.</b> (626) 639-6168	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> jason@seiu121RN.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Jason Wojciechowski	<b>Signature</b> Jason Wojciechowski	<b>Title</b> General Counsel	<b>Date</b> 04/30/2018 10:05:15
--	---	---------------------------------	------------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 31-RC-219293	Date Filed 4/30/2018

**Employees Included**

All full-time, regular part-time, and per diem registered nurses (including charge nurses).

**Employees Excluded**

All other employees, confidential employees, managers, guards, and supervisors as defined in the National Labor Relations Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-219923</b>	Date Filed <b>5/9/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Chenega Facilities Management, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Bldg. 630 South Loop Fort Irwin, CA 92310	
<b>3a. Employer Representative - Name and Title</b> Orlando Chavez, Site Manager		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> 760-386-1573	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 760-386-8173	<b>3f. E-Mail Address</b> orlando.chavez@chenega.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Military support		<b>4b. Principal product or service</b> Hazardous Material Handling	
		<b>5a. City and State where unit is located:</b> Fort Irwin, CA	

**5b. Description of Unit Involved**  
**Included:** All full time and regular part-time hourly hazardous material handler employees employed by the employer at its facility located at Bldg. 630 South Loop, Fort Irwin, CA 92310.  
**Excluded:** All other employees, temporary workers from agencies, office clerical employees, and all other professionals employees, guards and supervisors as defined by the Act.

<b>6a. No. of Employees in Unit:</b> 5
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10.** Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Tuesday, May 29, 2018	<b>11c. Election Time(s):</b> 7:00 am to 9:00 am	<b>11d. Election Location(s):</b> Facility Lunch/Break Room
--	---	--

**12a. Full Name of Petitioner (including local name and number)**  
International Association of Machinists and Aerospace Workers, District Lodge 725, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
5402 Bolsa Avenue, Huntington Beach, CA 92649


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> 714-898-9141	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 714-892-3485	<b>12g. E-Mail Address</b> emarroquin@iam725.org
-------------------------------------	----------------------	-------------------------------------	---

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caren P. Sencer, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrnotices@unioncounsel.net, csencer@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Caren P. Sencer	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> May 8, 2018
--	---	--------------------------	----------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-220922</b>	Date Filed <b>5/25/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Central American Resource Center - CARECEN - of California</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>2845 W. Seventh Street, Los Angeles, CA 90005</b>	
3a. Employer Representative - Name and Title <b>Alejandro Rojas, HR/Office Manager</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>(213) 385-7800 x 125</b>	3d. Cell No.	3e. Fax No. <b>(213) 385-7800</b>	3f. E-Mail Address <b>arojas@carecen-la.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Non-profit</b>		4b. Principal product or service <b>Immigration Legal and Educational Services</b>	
5a. City and State where unit is located: <b>Los Angeles, CA</b>		5b. Description of Unit Involved <b>Included: See Attachment 1.</b> <b>Excluded: All others.</b>	
6a. No. of Employees in Unit: <b>77</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **05/25/2018** and Employer declined recognition on or about (Date) (If no reply received, so state). **by petition**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.


11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>June 12, 2018</b>	11c. Election Time(s): <b>7:00 - 9:00 am and 5:00 - 7:00 pm</b>	11d. Election Location(s): <b>Break room at Employer's location</b>
---	--	--	--

12a. Full Name of Petitioner (including local name and number) <b>International Association of Machinists &amp; Aerospace Workers, District Lodge 947</b>	12b. Address (street and number, city, state, and ZIP code) <b>535 West Willow Street, Long Beach, CA 90805</b>		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Association of Machinists &amp; Aerospace Workers, AFL-CIO</b>			
12d. Tel No. <b>(562) 4127-8900 x. 107</b>	12e. Cell No.	12f. Fax No. <b>(562) 427-1122</b>	12g. E-Mail Address <b>s.vasquez947@gmail.com</b>

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Caren P. Sencer, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>Weinberg, Roger &amp; Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501</b>	
13c. Tel No. <b>(510) 337-1001</b>	13d. Cell No.	13e. Fax No. <b>(510) 337-1023</b>	13f. E-Mail Address <b>csencer@unioncounsel.net</b> <b>drosenfeld@unioncounsel.net</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Caren P. Sencer</b>	Signature 	Title <b>Attorney</b>	Date <b>May 25, 2018</b>
--	--	--------------------------	-----------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



**Attachment 1 to RC Petition**

All full time and regular part time Receptionists, Paralegals, Legal Assistants, Coordinators, Accredited Reps., Supervising Attorneys, Staff Attorneys, PALA Apprentices, Reception/NATZ Instructors, Equal Justice Works Fellows, Data Management Assistants, TPS Organizers, College Head Start Youth Mentors, Youth Organizers, Digital Organizers, Organizers, Youth Coordinator and Organizers, Administrative Assistants, Associates and Custodial Staff.

CP2

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**31-RC-221034**

Date Filed  
**5/25/2018**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Serco, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3680 W. 120th Street, Hawthorne, CA 90250	
<b>3a. Employer Representative - Name and Title</b> David McCann		<b>3b. Address</b> (If same as 2b - state same) 633 Vine Street, Mufreesboro, TN 37130-4381	
<b>3c. Tel. No.</b> (615) 217-2168	<b>3d. Cell No.</b> (615) 424-8947	<b>3e. Fax No.</b> (615) 217-2121	<b>3f. E-Mail Address</b> dmccann@serco-na.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Transportation		<b>4b. Principal product or service</b> Air Traffic Control Services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attachment A for additional details. <b>Excluded:</b> See Attachment A for additional details.		<b>5a. City and State where unit is located:</b> Hawthorne, CA <b>6a. No. of Employees in Unit:</b> 5 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

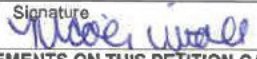
**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b> None	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Earliest possible	<b>11c. Election Time(s):</b> 1:00pm - 2:00pm	<b>11d. Election Location(s):</b> 3680 W. 120th Street, Hawthorne, CA 90250	
<b>12a. Full Name of Petitioner</b> (including local name and number) National Air Traffic Controllers Association, Inc. (AFL-CIO) (NATCA)		<b>12b. Address</b> (street and number, city, state, and ZIP code) 1325 Massachusetts Ave NW, Washington, DC 20005	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)			
<b>12d. Tel No.</b> (202) 220-9805	<b>12e. Cell No.</b> (412) 818-6414	<b>12f. Fax No.</b> (202) 628-7286	<b>12g. E-Mail Address</b> nvitale@natcad.org

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Nicole Vitale Assistant Director of Labor Relations		<b>13b. Address</b> (street and number, city, state, and ZIP code) 1325 Massachusetts Ave NW, Washington, DC 20005	
<b>13c. Tel No.</b> (202) 220-9805	<b>13d. Cell No.</b> (412) 818-6414	<b>13e. Fax No.</b> (202) 628-2786	<b>13f. E-Mail Address</b> nvitale@natcad.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Nicole Vitale	<b>Signature</b> 	<b>Title</b> Assistant Director of Labor Relations	<b>Date</b> 5/25/2018
--------------------------------------	---	---	--------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### **Attachment A**

#### Employees Included

All full-time and regular part-time air traffic control specialists employed at the Hawthorne Municipal Airport Air Traffic Control Tower (HHR)

#### Employees Excluded

All other employees, managers, guards, and supervisors, as defined by the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-222929</b>	Date Filed <b>6/27/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Technica LLC	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> Bldg. 886 South Depot Rd, Fort Irwin, CA 92310
---	--

<b>3a. Employer Representative - Name and Title</b> Juan Raymore, Project Manager/Steven Cordova, Manager	<b>3b. Address (If same as 2b - state same)</b> same
--	---

<b>3c. Tel. No.</b> 760-380-8915/760-380-5142	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 760-380-2340	<b>3f. E-Mail Address</b> [raymore@technicanow.com/scordova@technicanow.com]
--	---------------------	------------------------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Military Contractor	<b>4b. Principal product or service</b> Military Support	<b>5a. City and State where unit is located:</b> Fort Irwin, CA
---	---	--

<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time buyer employees employed by the employer at its facility located at Bldg. 886 South Depot Rd, Fort Irwin, CA 92310 <b>Excluded:</b> All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, guards and supervisors as defined by the Act.	<b>6a. No. of Employees in Unit:</b> 2 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	---------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> Tuesday July 17, 2018	<b>11c. Election Time(s):</b> 9:00am to 10:00am	<b>11d. Election Location(s):</b> Facility Lunch/Break Room
--	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725	<b>12b. Address (street and number, city, state, and ZIP code)</b> 8233 Rochester Ave, Rancho Cucamonga, CA 91730
--	--

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

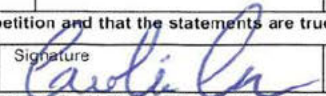
<b>12d. Tel No.</b> 909-484-2004	<b>12e. Cell No.</b> 323-404-5199	<b>12f. Fax No.</b> 909-484-2369	<b>12g. E-Mail Address</b> Emarroquin@iam725.org
-------------------------------------	--------------------------------------	-------------------------------------	---

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caroline N. Cohen, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
---	---

<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrnotices@unioncounsel.net, ccohen@unioncounsel.net
-------------------------------------	----------------------	-------------------------------------	--

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> June 27, 2018
--	---	--------------------------	------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-223789</b>	Date Filed <b>7-13-2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Dignity Health Medical Foundation of Ventura County</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>SEE ATTACHMENT</b>	
3a. Employer Representative - Name and Title <b>Judy S. Coffin, V.P. &amp; Associate General Counsel</b>		3b. Address (If same as 2b - state same) <b>185 Berry Street, Suite 300 San Francisco, CA 94107</b>	
3c. Tel. No. <b>(415) 438-5755</b>	3d. Cell No.	3e. Fax No. <b>(415) 438-5726</b>	3f. E-Mail Address <b>judy.coffin@dignityhealth.org</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Health Care Facility</b>		4b. Principal product or service <b>Health Care</b>	
5b. Description of Unit Involved <b>Included: MA, MOR and LVN</b>		5a. City and State where unit is located: <b>SEE ATTACHMENT</b>	
6a. No. of Employees in Unit: <b>65</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Excluded: All other classifications, including but not limited to guards, managers, confidential employees and supervisors as defined by the Act.			

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
---

11b. Election Date(s): <b>Wed. July 25, 2018</b>	11c. Election Time(s): <b>7:30am - 9:30am; 12pm-1:30pm; 2pm-3:30pm</b>	11d. Election Location(s): <b>Break Room at each facility</b>
---	---	--

12a. Full Name of Petitioner (including local name and number) <b>Service Employees International Union, United Healthcare Workers-West</b>	12b. Address (street and number, city, state, and ZIP code) <b>5480 Ferguson Drive, Los Angeles, CA 90022</b>
--	--

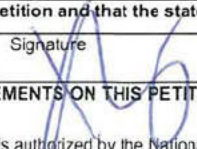
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>Service Employees International Union, United Healthcare Workers-West</b>
---

12d. Tel. No. <b>(323) 734-8399</b>	12e. Cell No.	12f. Fax No. <b>(323) 721-3538</b>	12g. E-Mail Address
--	---------------	---------------------------------------	---------------------

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title <b>Xochitl A. Lopez</b>		13b. Address (street and number, city, state, and ZIP code) <b>1001 Marina Village Parkway, Suite 200, Alameda, CA 94501</b>	
13c. Tel. No. <b>(510) 337-1001</b>	13d. Cell No.	13e. Fax No. <b>(510) 337-1023</b>	13f. E-Mail Address <b>xlopez@unioncounsel.net</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Xochitl A. Lopez</b>	Signature 	Title <b>Attorney</b>	Date <b>July 13, 2018</b>
---	--	--------------------------	------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## **ATTACHMENT TO UNFAIR LABOR PRACTICE CHARGE**

### **2(b): Address(es) of Establishment(s) involved (Street and number, city, State ZIP code)**

1. 1700 N. Rose Avenue, Suite 220  
Oxnard, CA 93030
2. 2415 Antonio Avenue  
Camarillo, CA 93010
3. 5051 Verdugo Way, Suite 100 & 110  
Camarillo, CA 93012
4. 2901 N. Ventura Road, Suite 100  
Oxnard, CA 93036
5. 550 St Charles Drive, #200  
Thousand Oaks, CA 91360
6. 64 East Daily Drive,  
Camarillo, CA 93010
7. 2486 Ponderosa Dr. Suite D  
Camarillo, CA 93010

### **5(a): City and State where unit is located**

1. Camarillo, CA
2. Oxnard, CA
3. Thousand Oaks, CA

(b) (6), (b) (7)(C)



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-224348

Date Filed  
7/26/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
AIRGAS USA, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
1885 N. VENTURA AVE. VENTURA, CA. 93001

3a. Employer Representative - Name and Title  
JUAN PADILLA-OPERATIONS MANAGER

3b. Address (If same as 2b - state same)  
SAME

3c. Tel. No.  
805-804-7658

3d. Cell No.  
805-804-7658

3e. Fax No.  
805-643-6693

3f. E-Mail Address  
JUAN.PADILLA@AIRGAS.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
SUPPLIER

4b. Principal product or service  
MEDICAL AND SPECIALTY GASES

5a. City and State where unit is located:  
VENTURA, CA.

5b. Description of Unit Involved

Included: ALL FULL-TIME AND REGULAR PART-TIME DISTRIBUTION DRIVERS, ROUTE DRIVERS, DISPATCHERS WITH COMMERCIAL DRIVER LICENSES, LOADERS, FILLERS, YARD HOST LERS, INVENTORY SPECIALISTS EMPLOYED BY THE EMPLOYER AT ITS FACILITY CURRENTLY LOCATED AT 1885 N. VENTURA AVE. VENTURA CA. 93001

Excluded: ALL OTHER EMPLOYEES, OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, CONFIDENTIAL EMPLOYEES, AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit:  
16

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
NONE

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
AUGUST 13, 2018

11c. Election Time(s):  
5:00AM-7:00AM

11d. Election Location(s):  
CONFERENCE ROOM

12a. Full Name of Petitioner (including local name and number)

WHOLESALE DELIVERY DRIVERS, GENERAL TRUCK DRIVERS, CHAUFFEURS, SALES, INDUSTRIAL AND ALLIED WORKERS TEAMSTERS LOCAL 848

12b. Address (street and number, city, state, and ZIP code)  
3888 CHERRY AVE. LONG BEACH, CA. 90807

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel No.  
562-595-1891

12e. Cell No.  
202-528-5788

12f. Fax No.  
562-595-1896

12g. E-Mail Address  
PCAMACHO175@GMAIL.COM

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
PABLO CAMACHO-ORGANIZER

13b. Address (street and number, city, state, and ZIP code)  
3888 CHERRY AVE. LONG BEACH, CA. 90807

13c. Tel No.  
562-595-1891

13d. Cell No.  
202-528-5788

13e. Fax No.  
562-595-1896

13f. E-Mail Address  
PCAMACHO175@GMAIL.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print):  
PABLO CAMACHO

Signature

Title  
ORGANIZER

Date  
JULY 24, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-224426

Date Filed  
7/25/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer CBRE		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 12800 Culver Blvd., Los Angeles CA 90066	
3a. Employer Representative - Name and Title George Mullane Director Labor Relations		3b. Address (if same as 2b - state same) 12800 Culver Blvd., Los Angeles CA 90066	
3c. Tel. No. 562-577-3112	3d. Cell No.	3e. Fax No.	3f. E-Mail Address George.mullane@cbre.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Broadcast Center		4b. Principal product or service Stationary Engineering maintenance	
4c. City and State where unit is located: Culver City		5a. City and State where unit is located: Culver City	
6a. Description of Unit Involved Included: All full time, regular, part-time, temporary or extra maintenance engineers employed at 12800 Culver Boulevard, Culver City, California 90066 Excluded: All other employees clerical employees, janitorial employees, professional employees, managerial employees, security guards and supervisors defined in the Act		6b. No. of Employees in Unit: 7 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/25/18 and Employer declined recognition on or about 07/25/18 (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NA		8b. Address NA	
8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any NA		8h. Date of Recognition or Certification NA	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name NA	10b. Address NA	10c. Tel. No. NA	10d. Cell No. NA
		10e. Fax No. NA	10f. E-Mail Address NA

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 8/7/18  
11c. Election Time(s): 9AM-3PM  
11d. Election Location(s): On-Site TBD

12a. Full Name of Petitioner (including local name and number)  
International Union of Operating Engineers, Local 501, AFL-CIO  
12b. Address (street and number, city, state, and ZIP code)  
2405 West Third Street Los Angeles, CA 90057

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers, Local 501, AFL-CIO


12d. Tel. No. 213-251-4247	12e. Cell No. 213-220-7644	12f. Fax No. 213-559-9472	12g. E-Mail Address pmurphy@local501.org
-------------------------------	-------------------------------	------------------------------	---

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Patrick Murphy-Bus. Rep.  
13b. Address (street and number, city, state, and ZIP code)  
2405 West Third Street Los Angeles, CA 90057

13c. Tel. No. 213-251-4247	13d. Cell No. 213-220-7644	13e. Fax No. 213-559-9472	13f. E-Mail Address pmurphy@local501.org
-------------------------------	-------------------------------	------------------------------	---

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Patrick Murphy	Signature 	Title Business Representative	Date 07/18/2018
--------------------------------	--	----------------------------------	--------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-224597</b>	Date Filed <b>7/30/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>Cardinal Points Captains Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>4781 Shipside Rd, Building 541 NBVC, Port Hueneme, CA 93043</b>	
3a. Employer Representative - Name and Title <b>David Sadler, Manager</b>		3b. Address (if same as 2b - state same) <b>same</b>	
3c. Tel. No. <b>650-704-2854</b>	3d. Cell No.	3e. Fax No. <b>760-438-7361</b>	3f. E-Mail Address <b>David.sadler@cpccperforms.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Military Contractor</b>		4b. Principal product or service <b>Driving and maintaining boats on the US Navy Sea Test Range</b>	
5a. City and State where unit is located: <b>Port Hueneme, CA</b>		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5b. Description of Unit Involved <b>Included:</b> All full time hourly Engineering Techs, Machinery Maintenance Mechanics, and Welders Helpers employed by the employer at its facility located at 4781 Shipside Rd, Building 541, NBVC, Port Hueneme, CA 93043 <b>Excluded:</b> All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, guards and supervisors as defined by the Act.		6a. No. of Employees in Unit: <b>11</b>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>By Petition</b> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>Thursday, August 23, 2018</b>	11c. Election Time(s): <b>7:00 a.m. to 8:00 a.m.</b>	11d. Election Location(s): <b>Facility Break Room</b>	
12a. Full name of Petitioner (including local name and number) <b>International Association of Machinists and Aerospace Workers, District Lodge 725</b>		12b. Address (street and number, city, state, and ZIP code) <b>6233 Rochester Ave, Rancho Cucamonga, CA 91730</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Association of Machinists and Aerospace Workers, AFL-CIO</b>			
12d. Tel No. <b>909-484-2004</b>	12e. Cell No.	12f. Fax No. <b>909-484-2369</b>	12g. E-Mail Address <b>emarquin@iam725.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Caroline N. Cohen, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>Weinberg, Roger &amp; Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501</b>	
13c. Tel No. <b>510-337-1001</b>	13d. Cell No. <b>323-404-5199</b>	13e. Fax No. <b>510-337-1023</b>	13f. E-Mail Address <b>nlrbnotices@unioncounsel.net, cohen@unioncounsel.net</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Caroline N. Cohen</b>	Signature 	Title <b>Attorney</b>	Date <b>July 30, 2018</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


31-RC-224610

Date Filed

7/31/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> GEO Group.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 10400 Rancho road, Adelanto, Ca 92301	
<b>3a. Employer Representative - Name and Title:</b> James Janecka Warden		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 1-760-5616100	<b>3d. Cell No.</b> NA	<b>3e. Fax No.</b> NA	<b>3f. E-Mail Address</b> NA@example.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Ice Detention Center		<b>4b. Principal Product or Service</b> Detention services.	<b>5a. City and State where unit is located:</b> Adelanto California
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Clerical, Maintainance, Bookeeker, janitors, accounts, Clerks, receptionist, records, mail. <b>Excluded:</b> supervisors, Guards & confidential employees			<b>6a. Number of Employees in Unit:</b> 27 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) N/A (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> Office & Professional Employees International Union Local 30.		<b>8b. Address:</b> 6136 Mission Gorge rd. San Diego, Ca, 92120	
<b>8c. Tel. No.</b> 619-640-4840	<b>8d. Cell No.</b> 619-993-8860	<b>8e. Fax No.</b> 619-640-4830	<b>8f. E-Mail Address</b> markbailey@opeiulocal30.org
<b>8g. Affiliation, if any:</b> NA		<b>8h. Date of Recognition or Certification</b> NA	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> NA
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? (Name of Labor Organization) No, has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b> NA	<b>10b. Address</b> NA	<b>10c. Tel. No.</b> NA	<b>10d. Cell No.</b> NA
		<b>10e. Fax No.</b> NA	<b>10f. E-Mail Address</b> NA@example.com
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: It would be welcomed		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> TBD		<b>11c. Election Time(s):</b> TBD	
<b>11d. Election Location(s):</b> Victorville, Ca.			
<b>12a. Full Name of Petitioner (including local name and number):</b> Mark Bailey, Business Agent OPEIU Local 30		<b>12b. Address (street and number, city, State and ZIP code):</b> 6136 Mission Gorge rd, San Diego, Ca, 92120	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Office and Professional Employees International Union Local 30.			
<b>12d. Tel. No.</b> 61*-640-4840	<b>12e. Cell No.</b> 619-993-8860	<b>12f. Fax No.</b> (619) 640-4830	<b>12g. E-Mail Address</b> markbailey@opeiulocal30.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Mark Bailey, Business Agent		<b>13b. Address (street and number, city, State and ZIP code):</b> 6136 Mission Gorge Rd, San Diego Ca, 92120	
<b>13c. Tel. No.</b> 619-640-4840	<b>13d. Cell No.</b> 619-993-8860	<b>13e. Fax No.</b> (619) 640-4830	<b>13f. E-Mail Address</b> markbailey@opeiulocal30.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Mark Bailey		<b>Signature</b> 	<b>Title</b> Business Agent
		<b>Date</b> 7/11/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-225748

Date Filed  
8/16/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Technica LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) Bldg. 861 South Depot Rd, Fort Irwin, CA 92310	
<b>3a. Employer Representative - Name and Title</b> Juan Raymore, Project Manager/Alejandra Alvarez McDaniels, Manager		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> 760-380-8915/760-380-4394	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 760-380-2340 both	<b>3f. E-Mail Address</b> jraymore@technicanow.com/aalvarez@technicanow.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Military Contractor		<b>4b. Principal product or service</b> Military Support	<b>5a. City and State where unit is located:</b> Fort Irwin, CA

**5b. Description of Unit Involved**  
**Included:** All full time Property Administrator employees employed by the employer at its facility located at Bldg. 861 South Depot Rd, Fort Irwin, CA 92310  
**Excluded:** All other employees, temporary workers from agencies, office clerical employees, and all other professional employees, guards and supervisors as defined by the Act.

**6a. No. of Employees in Unit:**  
3  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** By Petition and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> Wednesday September 5, 2018	<b>11c. Election Time(s):</b> 9:00am to 10:00am	<b>11d. Election Location(s):</b> Facility Lunch/Break Room
--	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, District Lodge 725	<b>12b. Address (street and number, city, state, and ZIP code)</b> 8233 Rochester Ave, Rancho Cucamonga, CA 91730
--	--

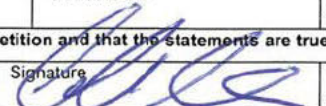
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> 909-484-2004	<b>12e. Cell No.</b> 323-404-5199	<b>12f. Fax No.</b> 909-484-2369	<b>12g. E-Mail Address</b> Emarroquin@iam725.org
-------------------------------------	--------------------------------------	-------------------------------------	---

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Caroline N. Cohen, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Caroline N. Cohen	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> August 16, 2018
--	---	--------------------------	--------------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>31-RC-226302</b>	Date Filed <b>8/24/2018</b>

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Healthcare Services Group, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 9440 Citrus Avenue, Fontana, CA 92335
--	---

<b>3a. Employer Representative - Name and Title</b> Brennan McKee, Regional Manager; Claudia Lee, Manager	<b>3b. Address (If same as 2b - state same)</b> 5199 E. Pacific Coast Hwy., Suite, 352N, Long Beach, CA 90804
--	--

<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 215-767-4727; 559-999-0894	<b>3e. Fax No.</b> 800-884-2769	<b>3f. E-Mail Address</b> brennan.mckee@hcsgrcorp.com; claudia.lee@hcsgrcorp.com
---------------------	---	------------------------------------	---

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Skilled Nursing Facility	<b>4b. Principal product or service</b> Subcontractor for Dietary, Janitorial, Housekeeping, and Laundry services	<b>5a. City and State where unit is located:</b> Fontana, California
--	--	---

<b>5b. Description of Unit Involved</b> <b>Included:</b> Cooks, Dietary Aides, Dishwashers, Janitors, Housekeepers, and Laundry Aides employed by the Employer at 9440 Citrus Avenue, Fontana, California <b>Excluded:</b> All other employees at the worksite, including managers, managers in training, account managers, guards, and supervisors as defined by the Act	<b>6a. No. of Employees in Unit:</b> 18 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
---	---

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 8/24/18 and Employer declined recognition on or about None (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	---------------------	--------------------	---------------------------

<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
--------------------------------	---	--

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--	--

<b>11b. Election Date(s):</b> September 5, 2018	<b>11c. Election Time(s):</b> 5am-8am and 3pm-5pm	<b>11d. Election Location(s):</b> Facility - Back Dining Room
--	--	--

<b>12a. Full Name of Petitioner (including local name and number)</b> Service Employees International Union, Local 2015	<b>12b. Address (street and number, city, state, and ZIP code)</b> 2910 Beverly Blvd., Los Angeles, CA 90057
--	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

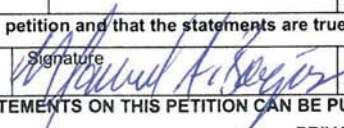
<b>12d. Tel No.</b> 213-985-1505	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 213-422-6038	<b>12g. E-Mail Address</b>
-------------------------------------	----------------------	-------------------------------------	----------------------------

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Manuel A. Boigues, Attorney for Union	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
---	---

<b>13c. Tel No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> mboigues@unioncounsel.net
-------------------------------------	----------------------	-------------------------------------	---

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Manuel A. Boigues	<b>Signature</b> 	<b>Title</b> Attorney for Union	<b>Date</b> August 24, 2018
--	---	------------------------------------	--------------------------------

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-226362

Date Filed  
8/27/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
AIRGAS USA, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
10675 W. VANOWEN ST. BURBANK, CA. 91505

3a. Employer Representative - Name and Title  
SULMA GARCIA-OPERATIONS MANAGER

3b. Address (If same as 2b - state same)  
SAME

3c. Tel. No.  
818-760-1200

3d. Cell No.  
818-269-5767

3e. Fax No.  
818-752-1333

3f. E-Mail Address  
SULMA.GARCIA@AIRGAS.COM

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
SUPPLIER

4b. Principal product or service  
MEDICAL AND SPECIALTY GASES

5a. City and State where unit is located:  
BURBANK, CA

**5b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND REGULAR PART-TIME, ROUTE DRIVERS, DISTRIBUTION DRIVERS, YARD HOSTLERS, INVENTORY SPECIALISTS, LOADERS WITH COMMERCIAL DRIVERS LICENSES AND DISPATCHERS WITH COMMERCIAL DRIVERS LICENSES EMPLOYED BY THE EMPLOYER WORKING OUT OF ITS FACILITY CURRENTLY LOCATED AT 10675 W. VANOWEN ST. BURBANK, CA. 91505

**Excluded:** ALL OTHER EMPLOYEES, OFFICE CLERICAL, PROFESSIONAL EMPLOYEES, CONFIDENTIAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit:  
16

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
NONE

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
SEPTEMBER 13, 2018

11c. Election Time(s):  
5:00 AM- 7:00 AM

11d. Election Location(s):  
CONFERENCE ROOM

**12a. Full Name of Petitioner (including local name and number)**

WHOLESALE DELIVERY DRIVERS, GENERAL TRUCK DRIVERS, CHAUFFEURS, SALES, INDUSTRIAL AND ALLIED WORKERS TEAMSTERS LOCAL 848

12b. Address (street and number, city, state, and ZIP code)  
3888 CHERRY AVE. LONG BEACH, CA. 90807

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
INTERNATIONAL BROTHERHOOD OF TEAMSTERS

12d. Tel. No.  
562-595-1891

12e. Cell No.  
323-246-8918

12f. Fax No.  
562-595-1896

12g. E-Mail Address  
PCAMACHO175@GMAIL.COM

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title  
PABLO CAMACHO-ORGANIZER

13b. Address (street and number, city, state, and ZIP code)  
3888 CHERRY AVE. LONG BEACH, CA. 90807

13c. Tel. No.  
562-595-1891

13d. Cell No.  
323-246-8918

13e. Fax No.  
562-595-1896

13f. E-Mail Address  
PCAMACHO175@GMAIL.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
PABLO CAMACHO

Signature

Title  
ORGANIZER

Date  
AUGUST 27, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No. 31-RC-226424

Date Filed  
8/28/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> NBC Universal		<b>2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code):</b> 100 Universal City Plaza, Universal City, CA 91698	
<b>3a. Employer Representative - Name and Title:</b> Keith Gorham		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> keith.gorham@nbcuni.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Studio		<b>4b. Principal Product or Service</b> Transportation/entertainment	<b>5a. City and State where unit is located:</b> Universal City, CA
<b>5b. Description of Unit Involved:</b> Included: All full time and regular part time DOT Administrators/Specialists Excluded: All office clericals, managers and supervisors as defined by the Act.			<b>5c. Number of Employees in Unit:</b> 7
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>NA</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) Involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> Studio Transportation Drivers, Local 399		<b>12b. Address (street and number, city, State and ZIP code):</b> 4747 Vineland Ave., North Hollywood, CA 91602	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Amanda Lively, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 16501 Ventura Blvd., Suite 304, Encino, CA 91436	
<b>13c. Tel. No.</b> 818-501-8030 x326	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 818-501-5306	<b>13f. E-Mail Address</b> alively@wkcllegal.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Amanda Lively		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 8/27/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

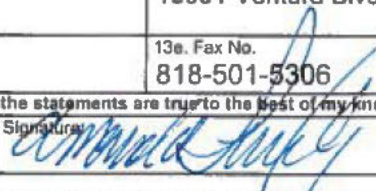
31-RC-226460

Date Filed

8/29/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Warner Bros.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4000 Warner Blvd., Burbank, CA 91522	
<b>3a. Employer Representative - Name and Title:</b> Hank Lachmund		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> hank.lachmund@warnerbros.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Studio		<b>4b. Principal Product or Service</b> Transportation/entertainment	<b>5a. City and State where unit is located:</b> Burbank, CA
<b>5b. Description of Unit Involved:</b> Included: All full time and regular part time DOT Administrators/Specialists Excluded: All office clericals, managers and supervisors as defined by the Act.			<b>5a. Number of Employees in Unit</b> 3 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ NA and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> Studio Transportation Drivers, Local 399		<b>12b. Address (street and number, city, State and ZIP code):</b> 4747 Vineland Ave., North Hollywood, CA 91602	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Amanda Lively, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 16501 Ventura Blvd., Suite 304, Encino, CA 91436	
<b>13c. Tel. No.</b> 818-501-8030 x326	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 818-501-5306	<b>13f. E-Mail Address</b> alively@wkclegal.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Amanda Lively	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 8/27/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-228102Date Filed  
9/26/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> GEO Group INC.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 10400 Rancho Road, Adelanto, CA 92301	
<b>3a. Employer Representative - Name and Title:</b> James Janecka, Warden		<b>3b. Address (if same as 2b - state same):</b> 10400 Rancho Road, Adelanto, CA 92301	
<b>3c. Tel. No.</b> 760-561-6100	<b>3d. Cell No.</b> NA	<b>3e. Fax No.</b> NA	<b>3f. E-Mail Address</b> jjanecka@geogroup.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> ICE Detention Center		<b>4b. Principal Product or Service</b> Detention Center	
<b>5b. Description of Unit Involved:</b> Included: Maintenance & Janitors Excluded: Supervisors, Guards, payroll clerks, confidential employees as defined by the act		<b>5a. City and State where unit is located:</b> Adelanto, CA	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) July 7, 2018 and Employer declined recognition on or about (Date) August 23, 2018 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		<b>6a. Number of Employees in Unit:</b> 8	
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> OPEIU Local 30		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8b. Address:</b> 6136 Mission Gorge Road, Suite 214, San Diego, CA 92120			
<b>8c. Tel. No.</b> 619-640-4840	<b>8d. Cell No.</b> 619-990-4814	<b>8e. Fax No.</b> 619-640-4830	<b>8f. E-Mail Address</b> angelajensen@opeiulocal30.org
<b>8g. Affiliation, if any:</b> NA		<b>8h. Date of Recognition or Certification</b> NA	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? NA (Name of Labor Organization) NA, has picketed the Employer since (Month, Day, Year)		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> NA	
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> NA			
<b>10a. Name</b>		<b>10b. Address</b>	
		<b>10c. Tel. No.</b>	
		<b>10d. Cell No.</b>	
		<b>10e. Fax No.</b>	
		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: It would be welcomed		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 10/16/18		<b>11c. Election Time(s):</b> 1000am-2pm	
<b>11d. Election Location(s):</b> Adelanto, CA			
<b>12a. Full Name of Petitioner (including local name and number):</b> Angela M Jensen, OPEIU Local 30		<b>12b. Address (street and number, city, State and ZIP code):</b> 6136 Mission Gorge Road, Suite 214, San Diego, CA 92120	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Office & Professional Employees International Union, Local 30			
<b>12d. Tel. No.</b> 619-640-4840	<b>12e. Cell No.</b> 619-990-4814	<b>12f. Fax No.</b> 619-640-4830	<b>12g. E-Mail Address</b> angelajensen@opeiulocal30.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jeff Wohlner Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 16501 Ventura Blvd, Suite 304, Encino, CA 91436	
<b>13c. Tel. No.</b> 818-501-8030	<b>13d. Cell No.</b> NA	<b>13e. Fax No.</b> 818-501-5306	<b>13f. E-Mail Address</b> jwohlner@wkclegal.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Angela M Jensen		<b>Signature</b> 	<b>Title</b> Business Agent
		<b>Date</b> 09-25-201	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-229835Date Filed  
10/24/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Loews Hollywood Hotel

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1755 N. Highland Avenue, Los Angeles, CA 90028

**3a. Employer Representative - Name and Title:**  
Mitzie White - HR Director

**3b. Address (if same as 2b - state same):**  
Same as above

**3c. Tel. No.**  
323-856-1200

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
mwhite@loewshotels.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Hotel

**4b. Principal Product or Service**  
Hospitality

**5a. City and State where unit is located:**  
Hollywood, CA

**5b. Description of Unit Involved:**  
Included:  
See Attached  
Excluded:

**6a. Number of Employees in Unit:**  
15

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 10/24/18 **and Employer declined recognition**  
on or about (Date) 10/24/18 (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
NONE

**8b. Address:**  
NA

**8c. Tel. No.**  
NA

**8d. Cell No.**  
NA

**8e. Fax No.**  
NA

**8f. E-Mail Address**  
NA

**8g. Affiliation, if any:**  
NA

**8h. Date of Recognition or Certification**  
NA

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** NA

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO ☒ If so, approximately how many employees are participating?  
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name**  
NA

**10b. Address**  
NA

**10c. Tel. No.**  
NA

**10d. Cell No.**  
NA

**10e. Fax No.**  
NA

**10f. E-Mail Address**  
NA

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
11/06/2018

**11c. Election Time(s):**  
9:00AM-11:00AM

**11d. Election Location(s):**  
Engineering Shop

**12a. Full Name of Petitioner (including local name and number):**  
International Union of Operating Engineers, Local 501, AFL-CIO

**12b. Address (street and number, city, State and ZIP code):**  
2405 West Third Street, Los Angeles, CA 90057

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Union of Operating Engineers, Local 501, AFL-CIO

**12d. Tel. No.**  
213-385-1561

**12e. Cell No.**  
213-220-7644

**12f. Fax No.**  
213-559-9472

**12g. E-Mail Address**  
pmurphy@local501.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Patrick Murphy - Business Representative

**13b. Address (street and number, city, State and ZIP code):**  
2405 West Third Street, Los Angeles, CA 90057

**13c. Tel. No.**  
213-385-1561

**13d. Cell No.**  
213-220-7644

**13e. Fax No.**  
213-559-9472

**13f. E-Mail Address**  
pmurphy@local501.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Patrick Murphy

**Signature**

**Title**  
Business Representative

**Date**  
10/24/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**Attachment: 5b. Description of Unit Involved**

**Included:** All full-time, regular part-time, and temporary maintenance engineers and painters employed by the Employer at its facility currently located at 1755 North Highland Avenue, Los Angeles, California 90028;

**Excluded:** All other employees, bartenders, caterers, front desk employees, housekeeping employees, janitorial employees, kitchen employees, laundry employees, office clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act.



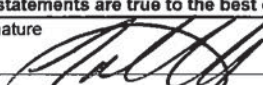
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
31-RC-232072Date Filed  
12/3/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Raven Services Corporation		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 40 Presidential Drive, Simi Valley, CA 93065	
<b>3a. Employer Representative - Name and Title:</b> Michael Marino - CEO		<b>3b. Address (if same as 2b - state same):</b> 9200 Church Street, Suite 203, Manassas, VA 20110	
<b>3c. Tel. No.</b> (703) 368-8611	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (703) 368-8450	<b>3f. E-Mail Address</b> michael.marino@ravenservices.us
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Presidential Library		<b>4b. Principal Product or Service</b> Engineering Services	<b>5a. City and State where unit is located:</b> Simi Valley, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attached <b>Excluded:</b>			<b>6a. Number of Employees in Unit:</b> 5 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 12/3/2018 and Employer declined recognition on or about (Date) NO REPLY (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> NONE		<b>8b. Address:</b> NA	
<b>8c. Tel. No.</b> NA	<b>8d. Cell No.</b> NA	<b>8e. Fax No.</b> NA	<b>8f. E-Mail Address</b> NA
<b>8g. Affiliation, if any:</b> NA		<b>8h. Date of Recognition or Certification</b> NA	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> NA
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? NA (Name of Labor Organization) NA, has picketed the Employer since (Month, Day, Year) NA			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> NONE			
<b>10a. Name</b> NA	<b>10b. Address</b> NA	<b>10c. Tel. No.</b> NA	<b>10d. Cell No.</b> NA
		<b>10e. Fax No.</b> NA	<b>10f. E-Mail Address</b> NA
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 12/17/2018		<b>11c. Election Time(s):</b> 9:00AM-11:00AM	<b>11d. Election Location(s):</b> Engineering Shop Area
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers, Local 501, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 2405 West Third Street, Los Angeles, CA 90057	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers, Local 501, AFL-CIO			
<b>12d. Tel. No.</b> (213) 385-1561	<b>12e. Cell No.</b> NONE	<b>12f. Fax No.</b> (213) 385-7324	<b>12g. E-Mail Address</b> NONE
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Patrick Murphy - Business Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 2405 West Third Street, Los Angeles, CA 90057	
<b>13c. Tel. No.</b> (213) 251-4247	<b>13d. Cell No.</b> (213) 220-7644	<b>13e. Fax No.</b> (213) 559-9472	<b>13f. E-Mail Address</b> pmurphy@local501.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Patrick Murphy	<b>Signature</b> 		<b>Title</b> Business Representative
			<b>Date</b> 12/3/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment: 5b. Description of Unit Involved

Included: All full time, regular part-time, and temporary maintenance engineers and carpenters, electricians, HVAC mechanics, general maintenance workers, stationary engineers, locksmiths, painters, plumbers employed by the employer at 40 Presidential Drive, Simi Valley, CA 93065;

Excluded: All other employees, janitorial employees, office clerical employees, professional employees, managerial employees, security guards, ambassador employees.